

# HIV/Sexual and Reproductive Health Program for HIV Prevention: The Youth-Adult Partnership with Schools Approach

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*The aim of the present study was to describe the development and evaluation of a program designed to prevent HIV/AIDS. A participatory action research (PAR) approach was used in collaboration with ten schools in Chiang Mai Province, Thailand, to develop a youth- adult partnership with schools (YAPS) model. The YAPS model included curricula using participatory learning experiences, edutainment approaches, and skills building strategies for enhancing youth leaders' capacities. Results showed that the YAPS model was effective in leadership role preparation and in empowering youth leaders to undertake activities on their own, initiate creativity and share knowledge on sexuality education and HIV prevention messages with students in schools. The use of partnerships and the participatory process mobilized parents, teachers, and school administrators to play a proactive role in sexuality education and HIV prevention for early adolescents in schools, resulting in the integration of the program into the school system.*

**Keywords:** HIV/SRH program, HIV prevention, Participatory action research, Youth-adult partnership in schools (YAPS), Early adolescents

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Young people are at the center of the HIV/AIDS epidemic globally. Worldwide, an estimated 11.8 million young people aged 15-24 are living with HIV/AIDS. Each day, nearly 6,000 young people between the ages of 15-24 become infected with HIV<sup>(1)</sup>. In Thailand, there are warning signs that young people are increasingly at risk of HIV infection. According to the National AIDS Surveillance data, the prevalence of HIV infection among teenagers rose from 11% in 1999 to 17% in 2002. In addition, the prevalence of sexually transmitted diseases is the highest among adolescents, compared with other age groups<sup>(2,3)</sup>. Preventive efforts should be evolutionary and innovative in response to social and cultural transformations, which have con-

tributed to changes in patterns of sexual behavior among Thai adolescents. This can be achieved using critical social theory. This process is designed to help groups oppressed by social forces to identify those forces, and recognize that they are being constrained by those forces so that they can work to remove the burden of those forces. The theory provides the basis for uncovering the distortions and constraints that impede free, equal, and uncoerced participation in society<sup>(4)</sup>. In the case of young people's risks for STIs and HIV, the oppressive social forces commonly are value orientations that prohibit or discourage communication skills and sex education. Bringing this understanding to youth would contribute to their emancipation, empowerment, and change. The purpose of the present paper was to describe the development and evaluation of a Youth-Adult Partnership with Schools (YAPS) model designed to prevent HIV/AIDS.

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## Background

Social and cultural transformations in response to economic development have resulted in changes that further affect adolescents' sexual risk behaviors. Increased materialism and its "carry-on" effects have resulted in economic, social, and cultural changes that are degrading relationships inside the immediate and extended family, and lowering the sense of self-responsibility. Lack of accurate information about sex and the difficulty in keeping up with changing patterns and values make it difficult for parents to talk about sex in the family. This contributes to the parents' holding on to gender-biased values while youth tend to resist. Under such conditions, adolescents often seek access to information via the mass media and friends. The disadvantage is that the information they get may be inaccurate, based on rumors and riddled with misconceptions. Sexually suggestive messages from mass media and the resulting peer and commercial pressure to become "modern," can lead to early sexual experimentation, and to an overriding emphasis on the high value of both female beauty and the possibility of romantic love between the sexes<sup>(5-8)</sup>.

As a result, the patterns of sexual behavior among Thai adolescents have been deviating from those of their parents. There has been a shift of the median age for first sexual intercourse from age 17-18<sup>(9,10)</sup> to 15<sup>(2,3,11)</sup>. Some studies suggest that sexual activity with multiple short-term partners has increased among male and female students. Only a small proportion of young people consistently use condoms with casual partners and even fewer do so with steady partners. Though most say they know that unprotected sex carries a high risk of infection, they feel confident that they are not at risk<sup>(11-13)</sup>. Thai young women have more HIV and STI risk behavior than their parents exhibited when they were adolescents. Young women today are less likely than their mothers' generation to keep their virginity until their marriage and men are more likely to marry women who are no longer virgins (among lowland Buddhist Thais, virginity at marriage has not been expected or even thought desirable for men)<sup>(11,14)</sup>. HIV/AIDS cases are more commonly reported among adolescent females than among adolescent males<sup>(15)</sup>.

HIV prevention plays an important role in reducing HIV/AIDS risk and vulnerability among adolescents. However, many efforts are still at a demonstration project level and need to be redesigned to go beyond simply raising awareness. Full-scale and comprehensive prevention efforts need to be sensitive to the different contexts of the epidemic<sup>(1)</sup>. HIV/AIDS

prevention programs can be broadly divided into behavioral interventions focused on changing the knowledge, attitudes, and skills of individuals, and structural interventions aiming to create an environment that supports individual behavioral change. A technical review of UNFPA's three decades of experience identified the three most common elements of education programs for young people: advocacy to promote an enabling socio-political environment; capacity building through teacher training and development of curriculum and materials; and peer education<sup>(16)</sup>. Successful experiences in control of HIV/AIDS among young people indicate that integrating sex education and HIV prevention into a school's curriculum through Population and Family Life Education or other culturally acceptable programs can be effective. Findings also indicate that life skills education for 10-14 year olds should be included<sup>(17)</sup>. Innovative and participatory forms of linking sexual and reproductive health and rights (SRHR) to HIV/AIDS education are important strategies for achieving HIV/AIDS prevention among young people. The program should address the biological, socio-cultural, psychological, and moral and spiritual dimensions of sexuality and HIV/AIDS.

Life skills-based education for HIV prevention has been implemented over the last decade, but a number of conceptual and practical challenges have been raised, and obstacles hinder the successful introduction and implementation of life skills curricula<sup>(18)</sup>. Now, peer education is one key strategy being used to change youth behavior in an acceptable and appropriate way; it is widely used in HIV/AIDS prevention in various countries. Providing sex education and HIV prevention using peer programs in schools is considered effective for enhancing knowledge, delaying sexual initiation, reducing sexual risk behavior, increasing the use of condoms, and improving attitudes toward people living with HIV/AIDS<sup>(19,20)</sup>. School-based training for teachers and parents has been used to facilitate home-school cooperation in providing sex education to young adolescents<sup>(7,21)</sup>.

Sex education in schools, which was launched in 2001, is a central aspect of the National Plan, set up by the Ministry of Education under the name "Family Life Education", and currently is the only way for Thai adolescents to receive accurate information. WHO surveyed 35 projects worldwide to identify the impact of sex education and confirmed that sex education did not lead young people into earlier sexual behavior as had been feared, but rather delayed and reduced sexual activity, and increased their accessing of counseling

and services<sup>(22)</sup>. Government and non-government organizations strive to develop effective programs to prevent sexual risk behavior and promote sexual and reproductive health (SRH) among adolescents. The programs usually target middle and late adolescent age groups, exclude the parents, and develop programs according to experts' views<sup>(8,23)</sup>. This target age group is inconsistent with research findings that sexual and reproductive health education programs have greater impact when given to adolescents prior to the

onset of sexual activity. It is easier to establish the desired pattern of behavior from the beginning, rather than to change pre-existing habits, so early adolescence (9-10), is suggested as the best time to provide SRH education<sup>(24-27)</sup>.

Parents and teachers are also determinants in preventing risky sexual behavior and promoting SRH in teenagers. They have been expected to take responsibility for providing SRH education in spite of the fact that few adolescents know how to handle this role, and

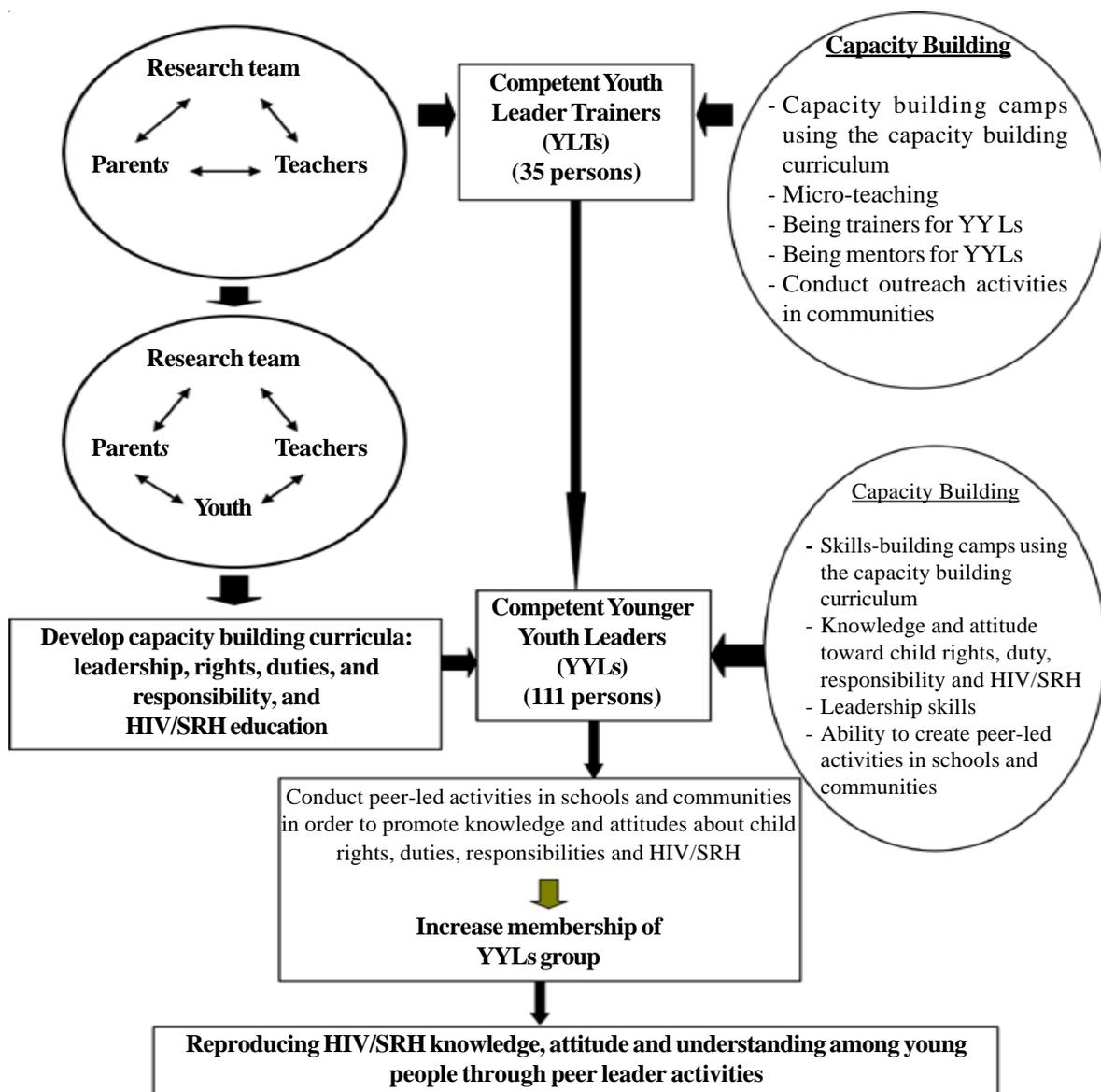


Fig. 1 Youth-adult partnership with schools (YAPS) model

some have personal values oppose this kind of education<sup>(28-30)</sup>. Programs that are developed through a partnership of youth and adults have been highly effective in building skills and reducing sexual risk-taking behavior<sup>(27,31)</sup>. The authors' literature review found that programs that are culturally appropriate, that meet adolescents' and key stakeholders' needs, and that involve early adolescents, family, peers, significant adults and communities, are most able to pool knowledge and promote desired change.

### **Research design**

In the present study, the participatory approach was used to enhance reflective discussion, and raise consciousness in order to build stakeholders' interest and capacities for change. A key feature is empowerment through participation<sup>(32)</sup>. An important element of action research is participation by 'informants' who engage in collective, self-reflective inquiry in social situations in order to improve the rationality and justice of their own social practices<sup>(33)</sup>. As Stinger<sup>(34)</sup> mentioned, community-based action research works on the assumption that all stakeholders who live in the community are affected by the problem. Therefore, they should be engaged in the process of observation, reflection, and action. The researchers recognized that young people have the ability to participate and contribute through partnerships with adults.

A youth-adult partnership with schools (YAPS) model was developed through the strong commitment of key stakeholders, including adolescents, parents and teachers in collaboration with 10 schools in Chiang Mai. The model included developing curricula by using participatory learning experiences and edutainment approaches, and skills building strategies for enhancing youth leaders' capacities through peer-led activities, reflective discussion and consciousness rising, as displayed in Fig. 1.

### **Material and Method**

Quantitative data were obtained from using a leadership scale and SRH knowledge and attitude questionnaires to evaluate the capacity building of 111 younger youth leaders (YYLs). The leadership scale was developed by the researchers, and construct validity and reliability were confirmed by Cronbach's alpha coefficient being at 0.89. The scale was used to evaluate leadership development 6 months after the capacity building by three groups, including self evaluation by YYLs themselves, five friends who were also YYLs, and teachers. SRH knowledge and attitude

questionnaires were adopted from the first author's previous research<sup>(7)</sup> (Fongkaew et al, 2002). Reliability of SRH knowledge and SRH attitude questionnaires were 0.78 and 0.84 respectively. The scale includes 16 items of SRH knowledge and 16 items of attitudes toward SRH such as "wet dreams only occur in a boy who has a high level of sexual desire." The data were analyzed using analysis of variance and multivariate analysis of variance with repeated measures. Qualitative data were generated through focus group sessions. Eight to 12 participants were present on average during each focus group session of YYLs, youth leader trainers (YLTs), working committees (WCs), and parents. Dialogue was used as a research tool to produce factual, inter-personal, and critical knowledge. Reflexive critique was used as a method of analyzing qualitative data. The researchers encouraged reflexive critique among the participants, whose explanations and interpretations led the group to greater insight. To establish validity, data collection and analysis of qualitative data were concurrent to ensure congruity between what was said and what was recorded. A p-value of less than 0.05 was considered statistical significance.

### ***The program was implemented in eight steps:***

#### ***1. Establish a partnership between the researchers and 10 schools***

After explanation of project objectives and the research process, and discussions with 16 school administrators, ten educational institutions from four districts committed and volunteered to become partner organizations in implementing the project. A working committee consisting of 28 teachers from 10 schools was formed and worked together with the research team to implement the project.

#### ***2. Organize researcher-teacher workshops to clarify the working process of participatory research***

The research team and WC participated in a series of workshops to clarify understanding about the process of working in a partnership, to identify problematic situations, to plan interventions, and to develop curricula and tools for evaluating outcomes of the project. Workshops also included group discussions and debates on youth risk behaviors, SRH issues, criteria for recruitment of youth leaders and parents, capacity building strategies as well as support functions, overseeing, monitoring and evaluating the results of capacity building activities for youth leaders.

### **3. Recruit youth leaders and parents**

Leaders participating in the project were divided into 2 groups, a group of YLTs and the group of YYLs. Thirty-five youth leaders who had undertaken capacity-building activities in completed research projects were recruited to be YLTs on a voluntary basis. One hundred and eleven YYLs were recruited according to the following selection criteria: was studying in Grade 5 to Grade 7, had leadership ability (felt confident to think, take action and express themselves), had good emotional quotient or EQ (using EQ questionnaire), voluntarily agreed to participate in activities throughout the whole period of 2 years, had acceptance of friends as evaluated by the teachers, was prepared to give time to help society, and had received permission from parents. Written consent to participate in the project was obtained from youth leaders and their parents or guardians. Thirty-one parents of YYLs were recruited on a voluntary basis to participate in skills building sessions, developing SRH program, conducting parent-youth activities, and parent network activities.

### **4. Develop curricula for SRH education**

YLTs developed three curricula for SRH education and HIV/AIDS prevention on 1) leadership; 2) rights, duties and responsibilities; and 3) HIV/SRH. They used participatory learning methods and edutainment approaches in developing teaching and learning activities. The HIV/SRH curriculum content consists of 1) knowledge of sexual and reproductive rights, 2) knowledge and attitude toward physical changes, reproductive organs, and sexual hygiene during puberty, 3) attitude toward gender role of masculinity and femininity, 4) attitude and skills to associate with friends, 5) knowledge and attitude toward sexual feelings and control, 6) knowledge and attitudes toward sexual values, sexual intercourse, STDs/HIV, contraception and 7) negotiation skills of condom use and responsible sexual relationship, and condom use skills<sup>(35)</sup>.

### **5. Hold skills building camps for YLTs and YYLs to enhance their leadership skills**

Youth leaders who were to serve as YLTs were provided with the knowledge and skills required to undertake that role by attending skill training camps, rehearsing and practicing being YLTs, and serving as trainers and mentors for YYLs. Before becoming YLTs, potential candidates were assessed to ascertain knowledge levels and ability to transfer knowledge.

Capacity-building for YYLs focused on group processes in order to create the exchange of knowledge and experiences, knowledge transfer, skill development, raising of awareness, reflection of the personal actions, and working as a team. The group process also allowed YYLs to initiate and implement the project for knowledge transfer and experiences to other youth, as well as to evaluate the project. They received the knowledge and skills required to be YYLs at two capacity-building camps at which YLTs served as trainers and mentors.

### **6. Hold skills-building and network development sessions for parents**

Skill-building sessions were also conducted to raise awareness and strengthen parents' capacity to play a critical role in promoting adolescent sexual and reproductive health. The Curriculum on Parent Skill Building included: 1) problems that need to be considered, 2) understanding the nature and needs of teenagers, 3) parents recognition of child rights, 4) developing skills for winning teenagers' hearts, 5) parents' expectation of their children, and 6) role of parents in dealing with the behaviors of their children.

### **7. Provide support for youth leaders and parents to advocate for their peers and communities**

YYLs from each school worked together to initiate and develop two projects for disseminating knowledge, attitude and skills on issues of leadership, rights, duties and responsibilities, and HIV/SRH to their fellow students, and to make plans for implementing and evaluating such projects. Teachers serving as WCs provided support and assistance in terms of knowledge, techniques, methods and other enabling factors required for conducting and summarizing peer-led activities. Furthermore, YYLs were provided opportunities to be trainers for youth in other schools and communities, as well as to attend national and international conferences.

A parents' network was formed to support youth leaders' activities and conduct workshops for disseminating knowledge on issues of adolescent sexual risk behavior, HIV prevention, and child rights to other parents in schools and communities.

### **8. Program Evaluation**

In the final step, the researchers conducted two methods of evaluation: process evaluation and outcome evaluation. Process evaluation was conducted by participatory observation of participants during

project implementation and by self-reflection about what they learned from the program and about their personal development. Outcome evaluation was conducted using both quantitative and qualitative methods.

## **Results**

### ***Characteristics of youth leaders***

Twenty-five of the 35 YLTs who volunteered to participate were first to fourth year students in health and social sciences higher education. Others were studying in grade 11 to 12 or at vocational schools. Ages ranged from 16-20 years. Among the 111 YYLs who volunteered to participate, there were 64 females (58%) and 47 males (42%). The average age of the group was 13.0 years (range 10 to 14 years). Most (73%) were studying in Grade 8, followed by 17 persons (15%) in Grade 7 and 13 persons (12%) in Grade 6 respectively.

Program evaluation was presented according to elements that met the criteria by which UNAIDS defined best practices in HIV/AIDS prevention, including effectiveness, efficiency and sustainability.

### ***Effectiveness/impact***

The YAPS model has been effective in building-capacity of YLTs and YYLs and mobilized parents, teachers, and school administrators to play a critical role in providing supportive environments for SRH education and HIV prevention. Results from self-reflection and outcome evaluation of YYLs demonstrated positive effects for youth on their leadership development, changes of knowledge and attitude toward SRH, and development of communication skills on sexuality and HIV education.

#### ***Leadership development***

Results of the evaluation made on capacity development assessed through self-reflection of YYLs indicated that by taking an active role as youth leaders, they gained much self-confidence and the courage to take on a leadership role elsewhere, as well as gained ability to transfer knowledge and skills to their peers by serving as role models, and initiating creative ideas. A 15-year-old female younger youth leader expressed her achievement from serving as a younger youth leader as follows: -

*When I was first selected to be a younger youth leader, I thought that learning about sexual and reproductive health would be boring and useless. However, I changed my mind after attending the*

*capacity building camps. ...With all of this knowledge and skill, I had a much better understanding and no longer thought that sex education was obscene or forbidden. ... At school, I was admired and well accepted by friends for serving as a younger youth leader. I was elected to be the leader of female students in the school, and could give advice about sexual and reproductive health to my friends. Our team of younger youth leaders has implemented many activities both inside and outside of the classroom. We have adopted and created new methods of teaching that are suitable for each target group, by learning from mistakes we have made in the past and improving more and more each time.*

Youth leader trainers also demonstrated their positive personal development, their learning experiences and achievement of becoming competent YLTs, and their commitment to make a contribution to society. A 21 year old youth leader trainer expressed what she has gained from serving as a youth leader trainer.

*Through the training courses, I learned that I need to have the necessary knowledge and a true understanding in order to be youth leader trainer. I have learned how to use teaching methods that attract the attention of learners, create a lively learning atmosphere, and avoid implication of obscene meaning. I also learned how to produce teaching media from an expert. Taking on the role of a trainer and facilitator for younger youth leaders has helped me demonstrate my strengths. Because of this working experience, I have acquired several self-development skills, gained a better understanding of myself and have a more clear insight.*

Leadership development using a leadership scale evaluated by self-assessment, teachers, and other YYLs was the same at a "very high" level (Table 1).

#### ***Changes of knowledge and attitude toward SRH***

Results of changes in knowledge and attitude toward SRH showed that YYLs' mean scores immediately after the capacity-building and again at 6 months afterward were statistically significantly, higher than their mean scores before the capacity-building ( $p < 0.01$ ). Furthermore, the mean scores of knowledge and attitude immediately after the capacity-building were not significantly different from that of the 6 months following, indicating strong retention over time of the SRH knowledge and attitudes that had been emphasized in the program (Table 2).

**Table 1.** Comparison of leadership scores of YYLs assessed by friends, teachers and self-assessment

Perception about Leadership	$\bar{X}$	SD	f	p-value
YYLs	83.83	10.84	1.128	0.324
Teachers	86.11	15.35		
Friends	85.03	13.51		

\* Analysis of variance

**Table 2.** Comparison of mean scores and mean differences on knowledge and attitudes about SRH of YYLs before, immediately after, and 6 months after training using multivariate analysis of variance with repeated measure (n = 111)

Training Score	$\bar{X}$	SD	Mean difference	
			Right after training	Follow up 6 months
Score on knowledge				
Before training	5.89	1.71	2.54*	2.24*
Right after training	8.43	2.02	-	-0.21
Follow up 6 months	8.22	1.72	-	-
Score on attitude				
Before training	11.25	2.44	1.70*	1.68*
Right after training	12.95	1.91	-	-0.02
Follow up 6 months	12.93	1.91	-	-

\* p < 0.01

**Table 3.** Level of knowledge on sex education obtained through peer-led activities undertaken by YYLs in each educational institution (n = 2011)

School	High		Moderate		Low	
	No.	%	No.	%	No.	%
Yupparaj Wittayalai	15	18.8	63	78.8	2	2.5
Mae Rim Wittayakhom	23	13.7	133	79.2	12	7.1
Nawamindrachudhit-Payap	12	25.0	33	68.8	3	6.2
Chonlaprathan Phataek	40	30.1	86	64.7	7	5.3
Sarapeepittayakom	7	30.5	15	65.2	1	4.3
Ban Mae Sa	31	22.8	105	77.2	-	-
Hoe Phra	21	11.2	156	83.5	10	5.3
Kawila Wittayalai	3	20.0	294	70.6	39	9.4
Prince Royal's College	256	35.6	397	55.1	67	9.3
Chumchon Wat Srikamchompu	19	19.0	72	72.0	9	9.0

#### ***Development of communication skills on sexuality and HIV education***

In regard to development of communication skills on SRH, YYLs had to demonstrate integrity so that their friends could rely on and trust them. They

had to think of methods of presentation that would attract their peers interest and participation. They brainstormed with each other to come up with new, interesting and attractive activities, methods and media that would not bore their peers. Serving as YYLs

gave them opportunity to practice thinking of ways of creating constructive activities for HIV prevention that would be useful for themselves and for their friends.

From evaluating level of knowledge school children gained from activities undertaken by YYLs in their schools, results showed that most children in each school perceived themselves as having acquired a “moderate” to “high” level of the knowledge (Table 3).

### **Efficiency**

The YAPS model fosters partner organizations to mobilize their own resources in program implementation for SRH education and HIV/AIDS prevention. Teachers who were on working committees could mobilize educational materials and schools’ budget to support peer-led activities to disseminate knowledge, attitude and practices of SRH and HIV/AIDS prevention. The YAPS model has facilitated networking to strengthen family participation and create supportive environment for school based SRH education and HIV/AIDS prevention. Involvement of parents and teachers in the group of developers of the HIV/AIDS prevention program has led to reduction of the conflicts and obstacles in teaching sex education to early adolescents, capacity building and empowering parents and teachers to create an environment favorable to the HIV/SRH education for adolescents as well as longitudinal supporting of peer-led activities in schools and communities held by youth leaders.

Evaluation from reflection sessions and experience-sharing about being involved in project implementation demonstrated that the teacher working committees were satisfied and proud to have had the chance to participate in sharing their thoughts and making action plans. Support from the research project enabled WCs to acquire new knowledge and experiences that were useful in their own careers, and provided them with opportunities for strengthening their experiences through participating in meetings or by taking part in organizing various activities such as international conferences and other events concerning health and sexuality education. The project enhanced leaders’ abilities to undertake activities on their own, initiate creativity and share knowledge on sex education with pupils in the schools. As one WC said,

Transferring knowledge by YYLs yields good and long lasting impacts. Because, when knowledge is provided by children and the activities are conducted by children, most pupils will be interested in them and will have fun, as they will not feel shy or nervous in joining. Doing it this way, the YYLs can also mobilize

their peers who are not leaders to help in undertaking activities.

### **Sustainability**

The sustainability of the YAPS model is becoming assured through:

1. Integration of the SRH curriculum and capacity-building strategy into school curriculum and teaching learning activities in the form of extracurricular activities and learner development. The school administrators continue supporting YYLs’ activities in SRH education and HIV/AIDS prevention. A 14-year-old younger youth leader:

*After attending the capacity building camps, we have gained the courage to teach our friends. The administrators and teachers encouraged us to use the program “Because the World Needs You” to give knowledge and skills to our friends in school. They gave us the opportunity to organize a youth leader club and 2 hours per week to teach our friends. Now, about 200 children in my school have some knowledge and skills of sexual and reproductive health. We also encouraged the younger classes to become members of the youth leader club. From this, they were able to develop their capacity to lead like us, so they could be a new generation of younger youth leaders to implement activities into the future.*

2. Teachers from partner organizations applied the program and teaching learning activities in their own schools. One of the schools adopted capacity building strategies to promote SRH education and HIV/AIDS prevention and won the first National Award for organizing peer-led activity on sex education in school. This school also supported a parent network to establish Youth Family and School network (YFSN) to conduct parental activities on HIV prevention and risk reduction with young people in schools and communities.

3. YYLs whose capacity had been enhanced played an important role in producing a new generation of YYLs in their own schools. One 15-year-old YYL expressed his ability to reproduce leadership skills in the next generation as follows:

*As a result of organizing activities in school, new younger friends showed interest in being youth leaders for teaching sex education. Therefore, our teacher encouraged us to set up a club called “Youth Leaders – Power of the New Generation”. We built the capacity of new younger youth leaders and increased the number of group members to 30. Our club has become well-known in school and has been invited*

to conduct activities in the “learner development session” for our school.

### Discussion and Implications

Providing an opportunity for every party to be involved in the HIV/SRH program development from the initial stages of planning to the stages of implementing, piloting and evaluating the program made this program successful and resulted in a sense of ownership of the program among participants. Successive program implementation would make the program sustainable across student-teacher-parent cohorts and across schools. This process, by which all stakeholders participate in promoting sexual and reproductive health and preventing HIV infection of early adolescents, demonstrates that broad-based community power can lead to change. Howell et al<sup>(36)</sup> noted that an effective program does not consist of a passive transfer of information. Rather, it involves the participants in an interactive manner with an emphasis on skill building that is enhanced by effective communication and frequent feedback. Participation, in turn, relates to the principle of “ownership” that is, that people have a sense of responsibility for, and control over promoting changes in their behavior and health status. Youth involvement in all aspects of program implementation fostered a sense of belonging and encouraged commitment to advocate for their peers and communities. The findings are in line with studies in many countries that found that teenagers who have their capacity developed could be leaders by changing the way they take care of their own sexual and reproductive health and being able to convince their friends to avoid and reduce risky sexual behavior<sup>(20,37,38)</sup>.

Encouraging parents to join the group of developers of this program aimed at reducing the conflicts and obstacles in teaching sex education to early adolescents, and at building capacity and empowering parents to create an environment favorable to the promotion and development of sexual and reproductive health for early adolescents. At the societal and community level, schools were enlisted to take part in the program as they have important roles in molding appropriate behavior and cultivating the ideas and values of early adolescents. Having the schools involved is a tactic for developing the resources of sexual and reproductive health knowledge for the students and also for building the capacity of the participants who are responsible for this issue in school, whether teachers or students, to disseminate the knowledge more effectively. Including school administrators and

local policy makers ensures implementation of the program into schools with the support of policy and administrative planning.

This PAR study also found that sex education must focus on promoting positive attitudes while giving necessary knowledge and skills to create a value shift in early adolescents. In follow-up conversations assessing the program, most adolescents felt that their thinking had changed because of their participation in the program. They said that they used to think there was nothing wrong in “new generation” teenagers having sex at a young age, and that is was normal to do so. However, after joining the program, they felt differently about Thai teenagers’ sexual values, and considered what characteristics they wanted “new generation” teenagers to possess.

The integration of the program into the school system can be conducted in the form of extracurricular activities and learner development activities. Innovative and participatory forms of HIV/SRH education are important strategies for achieving HIV prevention among adolescents. Recommendations for use of this program in educational institutions address two aspects, teachers (who teach sex education) and the strategies for utilizing the program in schools. Teachers must have positive attitudes towards giving comprehensive sex education, and be able to adjust their roles to serve as a consultant and mentor to students because it is important that youth do not misunderstand or misuse SRH knowledge. Teachers should be able to convey the content correctly, to identify and clarify misunderstandings, to organize a variety of creative learning activities, and to teach in a way that makes students feel confident that the teacher really knows what they are teaching.

Using youth leaders to convey and transfer knowledge will help students feel more comfortable to ask questions, learn and acquire skills than if adults were the teachers. Capacity building of YYLs is an efficient strategy for leadership role preparation. As one of the YYLs stated: “When you believe that you know everything, you will advance no further. We need new experiences and to learn new things to grow - this is what leaders and project activities teach us.” Youth Leader Trainers served as positive role models in capacity-building activities for YYLs. However, adults must take the critical role of providing opportunity, assistance, and guidance so that YLTs and YYLs can develop their capacity in an atmosphere of trust and respect. Furthermore, parents, educators and adults need to act as positive role models; encourage

and foster positive, holistic and constructive thought in young people; empower youth to take responsibility for their actions, future and environment; and re-invent traditional human values suitable to Thai culture for the benefit of themselves, their families, communities and country.

A key lesson learned from this project is that making, understanding and promoting awareness among all parties of the participation and partnership working method is a chief priority and that it should start with the initial stages of a project. Further, all parties must share a common belief that they all have the capacity and ability to work together, no matter whether they are adults or children. The participatory working tactic applied in the present study can take a lot of time to accomplish, especially in the initial stages of the process. Consequently, all parties must agree to work with the program throughout its entire process, which in the case of the current study took two years.

The present study has some limitations in evaluating the effectiveness of the HIV/SRH program. Some rigorous methods need to be implemented in obtaining outcome measures of sexual behavior and hypothesized mediators of intervention effects. It would be useful to conduct a longitudinal follow-up study of the behaviors of this group of young people. Several studies have assessed sex education programs for teenagers, but these programs still have difficulties effecting behavior change<sup>(39)</sup>. To date, most studies determine the impact of such interventions by measuring changes in knowledge, attitude, intention, and self reported sexual behavior, rather than including externally valid measures such as STI and HIV rate or abortion statistics. However, it is very difficult to measure and validate sexual behaviors, particularly in young people<sup>(40)</sup>. Ideally, given the holistic nature of the program reported here, program-related changes in teachers, school administrators, parents and policy makers would also be assessed.

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โปรแกรมการให้ความรู้เรื่องเอชไอวีและสุขภาพทางเพศและอนามัยการเจริญพันธุ์เพื่อการป้องกัน  
เอชไอวี: การทำงานแบบเป็นหุ้นส่วนระหว่างเยาวชน ผู้ใหญ่ และโรงเรียน

วารุณี ฟองแก้ว, กังวาท ฟองแก้ว, มาจอรี มือคะ

งานวิจัยนี้มีวัตถุประสงค์เพื่อสร้างและประเมินโปรแกรมการป้องกันเอชไอวีและเอดส์ที่ได้พัฒนาขึ้นจากกระบวนการวิจัยเชิงปฏิบัติการแบบมีส่วนร่วมโดยดำเนินงานร่วมกับโรงเรียน 10 แห่งในจังหวัดเชียงใหม่ รูปแบบการทำงานแบบเป็นหุ้นส่วนระหว่างเยาวชน ผู้ใหญ่ และโรงเรียนที่สร้างขึ้นประกอบด้วยหลักสูตรการให้ความรู้ที่ใช้วิธีการเรียนรู้แบบมีส่วนร่วมและการให้ความรู้ในรูปแบบสาระบันเทิงและกลยุทธ์การพัฒนาศักยภาพของแกนนำเยาวชน ผลการศึกษาพบว่ารูปแบบการทำงานแบบเป็นหุ้นส่วนระหว่างเยาวชน ผู้ใหญ่ และโรงเรียนมีประสิทธิภาพในการพัฒนาทักษะความเป็นผู้นำและสร้างเสริมพลังอำนาจแกนนำเยาวชนให้เป็นผู้มีความสามารถ และมีความคิดริเริ่มสร้างสรรค์ในการดำเนินกิจกรรมเพื่อเผยแพร่ความรู้ และทัศนคติในเรื่องเพศศึกษาและการป้องกันเอชไอวีเอดส์แก่เยาวชนในโรงเรียน การใช้กลยุทธ์และกระบวนการมีส่วนร่วมได้ขับเคลื่อนผู้ปกครอง ครูและผู้บริหารสถาบันการศึกษาให้เข้ามามีบทบาทในการ ส่งเสริมการเรียนรู้เรื่องเพศและการป้องกันเอชไอวีเอดส์ในเด็กวัยรุ่นตอนต้นในโรงเรียนซึ่งมีผลให้เกิดการบูรณาการโปรแกรมดังกล่าวเข้าสู่หลักสูตรการเรียนการสอนในโรงเรียนอย่างเป็นรูปธรรม

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